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Strategic plan, 2008-2011: Accelerating progress and national ownership of the ICPD Programme of Action

Report of the Executive Director

Summary

The new UNFPA strategic plan has been developed to serve as the centrepiece for organizational programming, management and accountability for the period 2008-2011. The plan responds to General Assembly resolution 59/250 on the triennial comprehensive policy review of operational activities for development of the United Nations, and takes into consideration the new aid environment. The plan sets the strategic direction and provides the overall framework for guiding UNFPA support to programme countries to achieve their nationally-owned development objectives over the next four years in the three interrelated focus areas of population and development, reproductive health and rights and gender equality. The strategic plan consists of: (a) a development results framework, which outlines goals and outcomes for UNFPA in the three focus areas; (b) a management results framework; and (c) an integrated financial resources framework.

The UNFPA strategic direction focuses on supporting national ownership, national leadership and capacity development, as well as advocacy and multisectoral partnership development for positioning the agenda of the International Conference on Population and Development. The strategic direction also guides UNFPA with regard to results-based management, United Nations reform, knowledge sharing, and resource mobilization for population and reproductive health programming.

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The development results framework defines the three goals, 13 outcomes and indicators in the three focus areas of the strategic plan. This framework will be operationalized through the country, regional and global programme outputs. The management results framework has been designed to enable UNFPA to effectively deliver the programme outputs at global, regional and country levels. UNFPA has defined nine management outputs for which it will be accountable. The integrated financial resources framework of the strategic plan shows the Fund's planned projected total income for the strategic plan, 2008-2011, and indicates how these funds are apportioned to the three primary organizational requirements: country programmes, the global and regional programme and the biennial support budget.

The monitoring, evaluation and reporting component of the strategic plan provides the framework for UNFPA accountability and reporting during 2008-2011. The report concludes with the modalities for operationalizing the strategic plan at country, regional and global levels and underscores the need to adapt the Fund's organizational structure to support the efficient and effective implementation of the strategic plan, 2008-2011. Elements for a decision are included in the report.

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I. Background

1. The mission of UNFPA is to support countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS and every girl and woman is treated with dignity and respect. This mission is a reflection of the Programme of Action of the International Conference on Population and Development (ICPD) and as such it fully offers a basis to support countries to achieve the Millennium Development Goals (MDGs) and other internationally agreed goals. While progress has been good in the past few years, the mission remains to be fully realized in countries around the globe. Demographic factors, poor reproductive health, and pervasive gender inequality are interconnected and contribute to poverty and poor development outcomes. While fertility rates in developing countries have declined from 6.2 children per woman during 1950-1955 to 2.9 during 2000-2005, over the same period, in the least developed countries (LDCs), the fertility declined only slightly from 6.7 to 5.0, creating an imbalance in worldwide progress.

2. Each year, modern contraceptives used in developing countries prevent 187 million unintended pregnancies. However, 201 million women continue to have an unmet need for contraceptives. Young people's unmet needs, including for HIV prevention, are on average more than double those of the adult population. Annually, 529,000 women die in pregnancy or childbirth, and more than 1 million children are left motherless. Maternal mortality for girls aged 15-19 years is two to three times higher than for women aged 20-34 years. Meeting the unmet need for contraceptives could annually prevent an estimated 68,000 maternal deaths due to unsafe abortion.

3. Nearly 40 million people are living with HIV/AIDS and almost 3 million died in 2006. HIV/AIDS and sexual and reproductive ill-health are driven by many common root causes. Linking sexual and reproductive health (SRH) and HIV/AIDS has significant potential public health benefits. A critical gap in fulfilling the promise of gender equality and women's empowerment lies in the area of reproductive health and rights. Gender-related attitudes and barriers to sexual and reproductive decision-making by women and adolescent girls constitute major reasons why poor sexual and reproductive health persists.

4. The centrality of the ICPD agenda to the MDGs in general, and to poverty reduction in particular, has been recognized by the international community. At the 2005 World Summit, world leaders committed themselves to the goal of universal access to reproductive health by 2015. At the country level, ICPD goals have increasingly been incorporated into poverty reduction strategies (PRS) and national development frameworks, plans and policies. However, progress has been uneven, and ownership of the ICPD agenda at the community level has been limited in many places.

5. In response to the above and reinforced by lessons learned, UNFPA has developed its new strategic plan as the centrepiece for organizational programming, management and accountability for the period 2008-2011. The plan responds to General Assembly resolution 59/250 on the triennial comprehensive policy review of operational activities for development of the United Nations (TCPR). The plan will guide all programme development and the monitoring of performance and progress. The plan will provide the overall direction for guiding UNFPA support to

programme countries to achieve their nationally-owned development objectives over the next four years in the three interrelated focus areas of population and development, reproductive health and rights and gender equality. The strategic plan consists of: (a) a development results framework, which outlines goals and outcomes for UNFPA in the three focus areas; (b) a management results framework; and (c) an integrated financial resources framework.

6. *Strategic plan development process*. Over the past 18 months, UNFPA has followed an extensive process of internal and external consultations. Following consultations with Executive Board members in a workshop in October 2006 on the overall approach to the strategic plan, UNFPA has conducted discussions with UNDP, UNIFEM, and UNICEF, with participation from the United Nations Development Group (UNDG) office to harmonize approaches to the strategic plan, including common nomenclature and harmonized terminology for results-based management (RBM). UNFPA also organized further informal consultations with the Executive Board in January, March and May 2007. The valuable guidance provided by the Executive Board during the informal consultations as well as at the Board's Annual session 2007 has shaped the development and finalization of the UNFPA strategic plan, 2008-2011. UNFPA country offices and headquarters divisions have been integrally involved in developing the strategic plan. UNFPA has been committed to strengthening synergies and linkages between the plan and other related frameworks and components, including the global and regional programme, the resource allocation system, country programmes, the organizational structure and the biennial support budget (BSB).

II. The context

A. ICPD Programme of Action: Progress and challenges

7. Progress in implementing the ICPD Programme of Action at the country level has been considerable, as also documented by the ICPD+10 review (World Reaffirms Cairo: Official Outcomes of the ICPD plus Ten Review, 2005). At the country level, ICPD goals have increasingly been incorporated into national development frameworks, plans and policies including poverty reduction strategies. However, the progress in implementation is uneven across countries and regions and between the various goals. Maternal mortality ratios overall have shown little improvement over the past two decades. Also, for every woman who dies, 30 women suffer a debilitating injury, such as obstetric fistula. Though contraceptive prevalence rates have been increasing, there is high unmet need among women in the lowest socio-economic quintiles. Complications from unsafe abortion are the cause of 13 per cent of maternal deaths worldwide and an even greater proportion among young women.

8. More adult women than ever before are living with HIV. The feminization of the epidemic fuelled by gender inequalities is seen particularly in some regions, such as sub-Saharan Africa. ICPD calls for HIV prevention, especially for women and young people, through integration into SRH. However, only a small percentage of young people have access to comprehensive SRH and HIV information and services, highlighting the urgent need to scale up efforts.

9. The ICPD plus Ten Review provides details of the progress made and actions taken to integrate population concerns into selected aspects of the development process. The ICPD Programme of Action emphasized that valid, reliable, timely, sex-disaggregated and internationally comparable data should form the basis for all stages of policy and programmatic action. However, there continue to be gaps in data availability and utilization.

10. The ICPD Programme of Action defined strategic objectives and actions to remove obstacles to gender equality. More than a third of the countries in the global ICPD plus 10 survey reported that they had formulated policies to remove gender discrimination; however, less than a third provided constitutional protection to girls and women. The 2006 Global Survey of Parliamentarians has found that the greatest constraint faced in advancing the ICPD agenda was opposition against such sensitive ICPD issues as women's reproductive health and rights and adolescent reproductive health. This emphasizes the important role of UNFPA in promoting the sensitive ICPD agenda.

11. The full package of sexual and reproductive health services has been delivered in very few countries and ownership of the ICPD agenda, particularly at subnational and community levels, has been limited. Progress has not been consistent and constraints include a lack of funding, limited national health systems capacity and allocations for implementation in national budgets, and vertical disease-specific approaches. The need to address reproductive health issues in a culturally sensitive way remains a critical concern. During 2008-2011, the focus for UNFPA and its development partners needs to be on accelerating progress to meet the unmet ICPD benchmarks in countries and concomitantly on development of national capacity.

B. The MDGs and the new aid environment

12. The UNFPA strategic plan, 2008-2011, is formulated at a defining midpoint between the historic Millennium Summit (2000) when world leaders unanimously agreed to the Millennium Declaration which gave birth to the MDGs, and the target year (2015) for reaching the goals. Achieving the MDGs is conditioned on implementing the ICPD Programme of Action. Several developments have taken place since the adoption of the Fund's multi-year funding framework (MYFF) 2004-2007. The 2005 World Summit Outcome endorsed the inclusion of "achieving universal access to reproductive health by 2015" into national strategies for attaining the MDGs. The General Assembly adopted the Political Declaration on HIV/AIDS of the High-Level meeting in 2005, reaffirming the commitment to achieving universal access to reproductive health by 2015 (A/RES/60/262). These commitments reassert the relevance of ICPD goals to the attainment of the MDGs, in particular MDGs 1, 3, 4, 5 and 6.

13. New modalities have emerged in line with General Assembly resolution 59/250 on the TCPR and the 2005 Paris Declaration on Aid Effectiveness, around national ownership, leadership and accountability. This is expected to result in more direct budget support, basket funding and upstreaming of policy support and capacity development. These trends can significantly affect how UNFPA and other United Nations organizations provide support to Member States. UNFPA has conducted several analyses of its contribution to sector-wide approaches (SWAps)

and provided guidance to country offices. An evaluation of UNFPA programming in the context of the new aid environment is also planned for 2007-2008.

14. UNFPA has been an active and constructive partner in United Nations reform efforts. It welcomes all opportunities to position the ICPD agenda firmly in all planning frameworks, especially at the country level in line with General Assembly resolution 59/250 on the TCPR. UNFPA will dedicate increased effort to the challenge of linking ICPD goals with the MDGs in national planning and development processes within the context of the new development cooperation environment.

15. The continuous impact of the HIV/AIDS epidemic is a central global development issue. In many regions, new infections are heavily concentrated among young people (15-24 years of age) accounting for 40 per cent of infections of all persons over the age of 15 years. Globally, and in every region, more adult women are living with HIV than ever before. The Fund will continue to focus on HIV prevention in women and girls and strengthen programming and partnerships as per the UNAIDS division of labour to which UNFPA is fully committed.

16. While there have been recent increases in official development assistance to programme countries, these commitments are still far short of what is needed for developing countries to fully implement the ICPD agenda. Family planning is a critical element of reproductive health, particularly for reducing maternal mortality. However, over the past decade, funding for family planning has decreased dramatically in both actual dollar amounts and as a proportion within overall population funding. This has contributed to maternal death and morbidity remaining virtually unchanged in many poor regions of the world. The challenge is to ensure that the increased resources are leveraged for reproductive health.

III. Building on lessons learned

17. UNFPA has identified a number of lessons from a variety of assessments and evaluations including internal and external/independent reviews. These lessons, together with the analysis of the MYFF cumulative report (DP/FPA/2007/7, Part I), and extensive consultations with the country offices, contribute to an understanding of the Fund's strengths and weaknesses. Section V of the present report highlights specific lessons learned in the three focus areas of population and development, reproductive health and rights, and gender equality. Overall, the review shows that the current MYFF has provided good guidance for implementing the mission and strategic direction of UNFPA and has ensured that the organization worked towards the identified MYFF outcomes.

18. A key lesson learned is that the goals in the current MYFF are broad and need to be sharpened in the new strategic plan, so as to clearly define the Fund's unique niche, particularly in the context of its role in partnerships with other United Nations agencies. Also, existing outcomes and indicators proved too broad to permit identification of the source of development change. The challenge of attribution, given the high level of outcomes, will be addressed in the new strategic plan by having clear outputs for which UNFPA will be accountable. Insufficient country-level data on MYFF goal and outcome indicators is an issue which needs to be addressed in order to facilitate robust monitoring and reporting of progress on the

ICPD goals and the MDGs. The strategic plan includes a reference set of indicators, data on baseline and targets.

19. With respect to the management results framework of the MYFF, UNFPA made much progress over the period 2004-2007. The Fund has advanced its RBM systems through developing and implementing various tools such as country office annual reports, Atlas, MYFF information tracking system (i-Track), and the performance appraisal and development (PAD) system. Some key recommendations and lessons from the RBM assessment include: (a) redesigning MYFF reporting to reflect clearer evidence of organizational performance and contributions to the development outcomes; (b) adopting more objective MYFF results indicators than the self-reported ones; and (c) improving UNFPA effectiveness by developing a stronger culture for documenting and using lessons learned.

20. UNFPA has found the integrated resources framework a valuable tool to plan and monitor its use of resources over the life of the MYFF. The UNFPA resource allocation system (RAS) 2008-2011 (see DP/FPA/2007/18) will be fully harmonized with the strategic plan 2008-2011, and the indicators used in the resource allocation system will be based on selected indicators in the development results framework of the strategic plan.

IV. Strategic direction

21. Drawing on the analysis of the progress in ICPD Programme of Action implementation, United Nations reform, lessons learned and feedback from programme countries and major stakeholders, UNFPA will continue to operationalize its strategic direction, focusing on the elements outlined below.

22. Specifically, UNFPA will support countries to implement national priorities related to ICPD goals based on the principle of *national ownership and leadership* by programme countries and communities. The Fund will work in an inclusive manner on *national capacity development*, focusing on supporting systems and institutional development for governmental and civil society organizations. This will include technical assistance to programme countries for nationally agreed priorities. UNFPA will also focus on sustainable capacity development of institutions in programme countries. Special attention will be given to regional intergovernmental organizations and regional institutions and strengthening South-South cooperation.

23. UNFPA will continue its emphasis on strategic engagement in *advocacy* globally, regionally and at the country level. Through advocacy and policy dialogue, UNFPA will contribute to increase the capacity of programme countries for policy analysis and development. This requires supporting countries in designing and implementing policies. While UNFPA does not directly engage in implementation, it has a critical role to play in supporting countries and civil society organizations in implementing ICPD strategies. UNFPA will work towards achieving a higher profile for ICPD core issues in mainstream media at the national, regional and global levels.

24. UNFPA will focus on effective dialogue that will translate into increased allocations of national and international *financial resources* for population and reproductive health programmes positioned to reduce poverty and achieve the MDGs.

25. In line with General Assembly resolution 59/250 on the TCPR, UNFPA will work closely with all Member States and partner United Nations agencies towards *United Nations reform*, which offers an opportunity to strengthen ICPD implementation at the country level. UNFPA will actively support country-led processes such as poverty alleviation strategies and SWAps to ensure that the reform makes a real difference in improving the lives of individuals and communities in programme countries. UNFPA will also support countries in ensuring that ICPD issues are well positioned in relevant sectors funded by general budget support.

26. UNFPA will continue to strengthen regional ownership of the ICPD agenda and capacities for the implementation of the Programme of Action at both regional and country levels. Developing and/or strengthening existing *multisectoral partnerships* with other United Nations partners, and international, regional and national institutions and non-governmental organizations (NGOs) is central to the Fund's vision.

27. UNFPA will further strengthen *results-based management* including in planning, quality assurance, monitoring and evaluation to enhance accountability and improve oversight. UNFPA commits itself to strengthening *knowledge sharing* and the exchange of up-to-date information and experience across the organization and with its partners and interested audiences everywhere.

28. Placing national capacity development at the centre of the UNFPA strategic direction entails enhanced efforts to build internal capacity among UNFPA staff to respond to the changing development environment and greater expectations by Governments. In line with the strategic direction delineated above, the 2008-2011 strategic plan has three interlinked frameworks, namely, the development results framework, the management results framework and the integrated financial resources framework. These are elaborated below.

V. Development results framework

29. The MDGs and ICPD goals provide the overall context for identifying the results in the development results framework. Notwithstanding changes in the external environment, the focus areas of UNFPA — population and development, reproductive health and rights and gender equality — remain as valid and critical as ever.

30. The goals of the strategic plan in the three interlinked focus areas are as follows:

- *Population and development*: Systematic use of population dynamics analyses to guide increased investments in gender equality, youth development, reproductive health and HIV/AIDS for improved quality of life and sustainable development and poverty reduction.
- *Reproductive health and rights*: Universal access to reproductive health by 2015 and universal access to comprehensive HIV prevention by 2010 for improved quality of life.
- *Gender equality*: Gender equality advanced and women and adolescent girls empowered to exercise their human rights, particularly their reproductive rights, and live free of discrimination and violence.

31. For each goal, specific outcomes are laid out based on the Fund's comparative advantage. Global outputs are defined for all the outcomes. These outputs are specific to each division and unit at UNFPA headquarters, as per its scope of work. Global outputs, in turn, support regional and country outputs. Regions have the flexibility to choose specific outcomes that respond to priorities of the countries in the region. Outputs are accordingly defined by each Geographical Division in UNFPA. The UNFPA global and regional programme provides the details of the *outputs at the global and regional levels* for which UNFPA will be fully accountable. Countries have the flexibility to selectively choose the development results framework outcomes that best reflect the United Nations Development Assistance Framework (UNDAF) priorities as they respond to national development priorities. Country programme outputs are accordingly defined based on UNDAF outcomes, and linked to the corresponding outcome in the development results framework. The development results framework is delineated in annex A, including the goals, outcomes and indicators. Based on the development results framework, the outputs for which UNFPA is accountable are reflected in the global and regional programme document (see DP/FPA/2007/19).

A. Implementation approaches

32. The guiding principle underpinning all United Nations development cooperation is national ownership and national leadership, including utilization and strengthening of national systems, accountability, harmonization and management for results. UNFPA is fully committed to the principles of national ownership, national leadership and national capacity development and these form the fundamental basis of the Fund's strategic plan and, indeed, of all UNFPA operational activities and programming. Within this primary focus, and based on the ICPD Programme of Action, the approaches noted below will guide the operationalization of the results framework of the strategic plan.

33. UNFPA is fully committed to the Brussels Programme of Action for the least developed countries for the decade 2001-2010 and General Assembly resolution 55/279 to address the special needs of the LDCs. UNFPA will continue to make concerted efforts to support the implementation of the commitments of the Brussels Programme of Action that fall under its mandate on building human and institutional capacities in the focus areas of population and development, reproductive health and rights and gender equality. UNFPA accords the highest priority to addressing the needs of LDCs. In the Fund's resource allocation system LDCs are included in category A, i.e., the group of countries that receives the highest amount of UNFPA programme resources, given that they are the furthest away from achieving the ICPD goals (see also DP/FPA/2007/18). UNFPA will continue to include analysis for LDCs on trends related to strategic plan development results.

34. To promote greater ownership by countries and communities, UNFPA supports the building of capacity to implement a rights-based approach in programming and policies at all levels from an ICPD perspective. Such an approach focuses on inclusion, interdependence, participation, and non-discrimination. At all levels, special attention will be focused on the most excluded and marginalized population groups of society.

35. UNFPA operations at all levels are guided by the importance of ensuring gender equality and women's empowerment. UNFPA will strengthen gender equality programming across all three goals of the strategic plan and will work to ensure that girls and women are able to benefit equally and fully and have access to the opportunities and resources made available through UNFPA-supported interventions. UNFPA is therefore committed to make a systematic effort to engender data collection and analysis, policies, programmes and services to maximize efficiency and effectiveness of interventions, including strengthened efforts to engage men and boys as partners to advance and promote gender equality.

36. UNFPA has a long history of promoting South-South cooperation. The recent report of the High-level Committee on South-South Cooperation accorded South-South cooperation high priority in order for developing countries to meet new challenges. UNFPA, in line with General Assembly resolution 60/212 and other resolutions relevant to South-South cooperation will continue to provide support to deepen, intensify and enhance South-South cooperation, including through triangular cooperation. In its programmes and through country-level activities and country offices, UNFPA will mainstream modalities to support South-South cooperation through the enhanced use of local capacities and as a means to share best practices. The Fund will strengthen and further invigorate South-South cooperation, as well as monitor its inputs though an appropriate indicator in the results framework.

37. The adoption of culturally sensitive approaches, an area in which UNFPA has developed expertise, technical know-how and capacities, is a key dimension of UNFPA programming. This approach facilitates programme development based on a thorough understanding of the values and belief systems as well as social practices governing norms and it seeks to identify positive values and practices that would facilitate and more effectively promote locally reproductive health and rights. Cultural knowledge, awareness and engagement of local communities are vital to aid effectiveness and to sustainability of change.

B. Cross-cutting concerns

38. The cross-cutting concerns that will be addressed in the three focus areas of the strategic plan are outlined below.

39. *Mainstreaming young people's concerns*. Young people are a central focus in UNFPA work across all three focus areas. UNFPA will work with Governments and other development partners, including UNICEF, WHO and the International Planned Parenthood Federation (IPPF) to advocate for increasing health, education and livelihood investments in young people for poverty reduction, for seizing the demographic window of opportunities and to address the critical issues of sexual and reproductive health, HIV prevention and gender equality. Special attention will be given to promote the rights of young people to participate at all levels of policy development, implementation and monitoring. UNFPA will focus on the most vulnerable and marginalized groups of society, including adolescent girls. Reaching these groups is essential to achieve the MDGs.

40. *Emergencies and humanitarian assistance*. UNFPA focuses on supporting capacity development and on building commitment for integrating the ICPD Programme of Action into emergency preparedness, humanitarian crisis response

and transition and recovery processes at the national level. Work in this area will be based on the institutional strategy approved by the Executive Board in 2006 (see DP/FPA/2006/14). The strategy takes into account the ongoing United Nations humanitarian reform and its implications for UNFPA operations and acknowledges the Fund's central role in promoting reproductive health and rights and gender equality in humanitarian situations. The institutional strategy reflects the UNFPA niche role in reproductive health and in the area of data in emergency and humanitarian situations. This support is essential also during the transition period from emergency to development.

41. *Special attention to marginalized and excluded populations.* Through data collection and analysis as well as qualitative studies, UNFPA will identify excluded and marginalized groups and assess their needs, specifically their sexual and reproductive health needs. UNFPA will target the poorest of the poor, especially disadvantaged adolescents and youth, women survivors/victims of violence and abuse, out-of-school youth, women living with HIV, women engaged in sex work, minorities and indigenous people, women living with disabilities, refugees and internally displaced persons, women living under occupation, and ageing populations. UNFPA will promote the participation of those population groups in the design, implementation, monitoring and evaluation of the country programmes and national development frameworks.

C. Focus area 1: Population and development

42. *MDGs and the ICPD context.* The UNFPA mandate remains central to poverty reduction (MDG 1), especially in view of the projected population growth in the developing world, where more than 90 per cent of this growth will occur in the poorest of these countries, and in the poorest population groups within these countries. This fast population growth is not entirely fuelled by desired fertility. Unmet need for family planning in the poorest populations accounts for a large part of this demographic growth. With the poverty reduction strategy process becoming the key mechanism through which poor countries gain access to debt relief, concessional lending and donor assistance, UNFPA will work with Governments, United Nations agencies, development partners and others to integrate ICPD issues into national development strategies. Moreover, given the sheer size of the youth population, the largest such population cohort in history, the Fund will call for strategic investments in young people's health and development by highlighting the potential benefits — in terms of building human capital, capitalizing on the demographic dividend, and breaking the intergenerational cycle of poverty. The demographic dividend refers to the potential gains that can accrue to a country from an increase in the proportion of the working population to total population and the decline in the population dependency ratio following demographic transition.

43. *Goal 1. This goal aims at the systematic use of population dynamics analysis to guide increased investments in gender equality, youth development, reproductive health and HIV/AIDS for improved quality of life and sustainable development and poverty reduction.* Population issues, reproductive health and gender equality, need to be better integrated within public policies, including in emergency preparedness plans and post-conflict processes. Data on these issues are critical, inter alia, for evidence-based advocacy, monitoring progress on the MDGs and ICPD goals. UNFPA will strengthen its efforts working with Governments and development

partners to position the ICPD goals and issues within the global intergovernmental process and at the national and local levels through better engagement in policy dialogue, evidence-based advocacy and by actively supporting data collection, analysis and use in development planning, implementation and monitoring.

44. *Lessons learned.* During the previous and current MYFF, the main lesson UNFPA learned with the first generation of poverty reduction strategies was that key interventions, including those pertaining to population dynamics, gender equality, and HIV prevention and treatment, were not adequately factored into these strategies. Thus, under the new strategic plan UNFPA will support programme countries in ensuring that these interventions are well positioned in national and local level plans and budgets. Also, emerging population-related issues such as migration, ageing, urbanization and the environment have received increased international attention and UNFPA should enhance its efforts to incorporate them appropriately in its programming. Another important lesson learned is that incorporating ICPD issues into well-designed emergency preparedness plans is the most effective and cost-efficient way to ensure that reproductive health, gender and data issues are part of humanitarian responses. The ongoing humanitarian reform has identified a number of gap areas including lack of timely, objective and reliable gender–disaggregated data on populations in crises. There is an increasing demand on UNFPA to extend its existing expertise to cover the demographic data needs during crisis and transition.

45. *Issues and challenges.* With population growth most marked in the poorest countries and among the poorest groups, the imperative of achieving the MDGs and the ICPD goals becomes urgent. At the 2005 World Summit world leaders made commitments for the formulation and implementation of comprehensive national development strategies to achieve the internationally agreed development goals, including the MDGs. The challenge is to ensure that countries take into account the linkages between population issues and poverty reduction and the importance of investing in reproductive health, gender equality and young people. Furthermore, there is the challenge of countries allocating sufficient money for these issues and recognizing that these investments are essential for poverty reduction. Emerging population issues such as the changing age structure and urban growth and its consequences for poverty reduction are often excluded in poverty reduction plans. However, these issues must be integrated into any comprehensive analysis of poverty and in its redressal efforts. Many countries continue to have weak data systems, thus impeding effective planning for development. This situation will have to be addressed through investing in censuses, household surveys and the development of good administrative records so that information is collected for analysis and utilization for policy development and for monitoring progress on the achievement of the MDGs and ICPD goals.

Outcome 1: Population dynamics and its interlinkages with gender equality, sexual and reproductive health and HIV/AIDS incorporated in public policies, poverty reduction plans and expenditure frameworks.

46. UNFPA expertise in population analysis, as well as its long association with Governments in integrating population into development planning and using data for development are valuable assets in the formulation of MDG-based poverty reduction strategies. The comparative advantage of UNFPA lies in the effective utilization of population analysis for poverty diagnosis and scenario building; addressing

universal access to reproductive health for poverty reduction; and the ability to provide cross-cutting thematic analysis and linkage with economic data (for example, the cost benefits of investing in reproductive health). The poverty reduction strategy process also provides UNFPA with an added opportunity to ensure that population dynamics, reproductive health, HIV/AIDS and gender equality are integrated into national development processes, including budgets. UNFPA partners would include the World Bank, UNDP and the United Nations Regional Commissions. Policy dialogue would also be enhanced through continual strengthening of the evidence base on population and poverty linkages. The presence and strength of these linkages are usually contextual and region-specific, thus it is essential to develop and share knowledge across regions so that the knowledge base can be tailored to local circumstances. UNFPA will support strengthening national capacity to incorporate gender equality, reproductive health and HIV/AIDS in contingency plans for emergencies.

Outcome 2: Young people's rights and multisectoral needs incorporated into public policies, poverty reduction plans and expenditure frameworks, capitalizing on the demographic dividend.

47. Investing in young people, especially adolescent girls, particularly with regard to sexual and reproductive health, HIV prevention and social participation is essential to break the intergenerational transmission of poverty and to materialize the demographic bonus in fertility, especially in transition countries. UNFPA will work in a coordinated way with Governments and other partners to include young people's multisectoral issues in poverty reduction strategies and policy development frameworks and ensure the right of young people to participate at all levels of national policy development, implementation and monitoring.

Outcome 3: Data on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS available, analysed and used at national and subnational levels to develop and monitor policies and programme implementation.

48. UNFPA leadership in actively supporting data collection activities, especially censuses in developing countries is recognized among United Nations agencies and other development partners. UNFPA will continue its technical and financial support, including advocacy and the mobilization of resources, for the collection, analysis, utilization and dissemination of gender-disaggregated data. UNFPA will also play a key role to improve data collection, analysis and utilization before, during and after crises, for more coordinated programme and policy planning by relevant humanitarian and development partners such as UNHCR, UNICEF, and the International Federation of Red Cross and Red Crescent Societies. Country commitments for monitoring progress towards the internationally agreed development goals, including the MDGs, have increased the need for good quality information. The inclusion of universal access to reproductive health by 2015 by the world's leaders as an MDG target means that UNFPA will contribute substantially to monitoring of this target through supporting the development of suitable indicators and support to countries in data collection and analysis for these indicators. UNFPA will also concentrate on improving the availability and utilization of gender analysis, including engendering the census exercises it will be supporting in preparation for the 2010 round. One hundred and eleven countries will conduct

censuses during the strategic plan period; 23 countries will be conducting their population censuses during 2008-2009; and 88 censuses are planned for 2010-2011.

Outcome 4: Emerging population issues — especially migration, urbanization, changing age structures (transition to adulthood/ageing) and population and the environment — incorporated in global, regional and national development agendas.

49. Several emerging population issues are at the centre of global attention. International migration, has become urgent in view of the magnitude, growth, and diversity of current global migration flows. International migration is also related closely to other issues which concern UNFPA, such as poverty reduction and social equity, human rights, gender equality and a focus on the marginalized, in particular, young people, HIV/AIDS and sexual and reproductive health. UNFPA work in this area will focus on building a body of knowledge on migration, data collection, capacity development, and policy advocacy in support of national efforts to better respond to the issue of international migration. The changing age structure of the population is an important topic of attention. It is anticipated that the upcoming five-year review process of the Madrid International Plan of Action on Ageing will ensure that ageing remains high in global discussions and national policy formulation over the next several years. With about half of the world's population living in urban areas and with the expectation that most of the forthcoming urban growth will affect poor people, the issue of urbanization will continue to be of importance. UNFPA will contribute to the development of a knowledge base and advocate for mainstreaming of these population issues into planning processes.

D. Focus area 2: Reproductive health and rights

50. *MDGs and ICPD context.* The importance of reproductive health to achieve the MDGs was recognized at the 2005 World Summit and with the new target on universal access to reproductive health under MDG 5. The Political Declaration on HIV/AIDS adopted by the General Assembly highlights the importance of linking sexual and reproductive health and HIV/AIDS. These renewed commitments provide opportunities, but challenges remain. The MDGs most closely related to sexual and reproductive health (MDGs 5 and 6) show the least progress. Reproductive health also contributes to reducing newborn mortality (MDG 4). Without advances for women (MDG 3), real advances in MDGs 5 and 6 will be difficult. Universal access to reproductive health by 2015 needs to include the most vulnerable populations, including women living in poverty and adolescents.

51. *Goal 2: Universal access to reproductive health by 2015 and universal access to comprehensive HIV prevention by 2010 for improved quality of life.* Reproductive health incorporates the protection and promotion of reproductive rights for individuals and couples through access to comprehensive health services and information to meet sexual and reproductive needs, relating to both physical and mental health, throughout the life cycle. The AIDS epidemic is integrally linked to sexual and reproductive health: the majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding.

52. *Lessons learned.* Although advances were made in reproductive health policies and commitments, the lack of translation into resources and improved national programmes, particularly health systems, has been a major constraint to meeting

sexual and reproductive health goals, especially with respect to lowering maternal mortality and morbidity rates. Good models were developed to deliver comprehensive sexual and reproductive health care; however, these initiatives often remained scattered and experimental. It is essential to capitalize on policy advances and model-building for scaling up effective programmes, including those that serve marginalized populations. Building the capacity of Governments to strengthen health systems is essential. UNFPA plays a role in assisting countries to integrate reproductive health and rights and gendered approaches, strengthen the health sector and mobilize funding. There has been a significant increase of political support for linking sexual and reproductive health and HIV/AIDS including in the Maputo Plan of Action, but effective linkages need to be operationalized. Commodity shortages and unaffordability are major obstacles to universal access to reproductive health.

53. *Issues and challenges*. Reproductive ill-health accounts for nearly one sixth of the worldwide burden of illness and premature death, and one third of illness and premature death among women of reproductive age. Yet, mobilizing sufficient political and financial resources remains a major challenge.

54. With changes in the nature of development assistance, sustaining support for sexual and reproductive health is critical. The new aid approaches, however, make it increasingly difficult to specify the share of donor commitments aimed at sexual and reproductive health. Consequently, support to sexual and reproductive health may be weakening, with the exception of HIV/AIDS. Addressing the sexual and reproductive health and HIV prevention needs of marginalized groups requires a multisectoral approach. To meet this challenge UNFPA programmes will require greater cohesion among the different levels of the organization as well as with other agencies, especially UNICEF, WHO, the World Bank and UNAIDS.

55. Improving sexual and reproductive health, particularly reducing maternal mortality and morbidity, requires a functioning health system. Strengthening health systems is complex and demanding, and requirements include upgrading and expanding facilities and ensuring a reliable supply of commodities. It also requires adequate human resource planning and policies — a challenging area which is further complicated by the impact of AIDS and the migration (brain drain) of health sector staff, particularly nurses and midwives, the front-line workers for primary reproductive health care. When emergencies or crises strike, women and girls, men and boys are affected differently but their need for sexual and reproductive health remains real. In a crisis setting, some critical needs may be forgotten. Women have unique health concerns that continue throughout a crisis and their needs often increase as the situation deteriorates. Furthermore, receiving countries' health systems often cannot meet these demands.

56. Reproductive health also remains constrained in terms of limited research and development. Consequently, contraceptive methods have remained largely the same for two decades. There is now growing interest in the global health community for new diagnostic tools, vaccines, treatments and commodities for the prevention of HIV and sexually transmitted infections (STIs). There is an urgent need for information and services for young people, particularly in the context of the alarming escalation of HIV/AIDS among young women. Belief that services may encourage early onset of sexual activity among adolescent girls is still strong even though evidence shows this belief to be overstated. An essential package of social services for young people that addresses a variety of issues including HIV

prevention, pregnancy prevention, and the prevention of gender-based violence, as well as life skills development and livelihoods is needed.

57. The outcomes in this focus area contribute to the first objective on reproductive health and rights in the ICPD Programme of Action to ensure that "comprehensive and factual information and a full range of reproductive health-care services, including family planning, are accessible, affordable, acceptable and convenient to all users" (paragraph 7.5 a). UNFPA intends to contribute to improved access for individuals and communities, particularly women and young people, and will also promote and protect their reproductive rights. The outcomes incorporate the maintenance of reproductive health through access to essential sexual and reproductive health and HIV prevention care and positive health behaviour. Outcome 1 aims to provide an overarching enabling environment in which the other outcomes (2, 3, 4, 5) can be achieved.

Outcome 1. Reproductive rights and SRH demand promoted and the essential SRH package, including reproductive health commodities and human resources for health, integrated in public policies of development and humanitarian frameworks with strengthened implementation monitoring.

58. UNFPA will advocate for protection, and fulfilment of reproductive rights through policies, programmes and services. UNFPA will support access to an essential package of sexual and reproductive health services through its integration in public policies, health human resources plans, health regulatory systems, and expenditure frameworks. UNFPA will emphasize the importance of addressing violence against women and girls, including focusing on mental health as an integral aspect of reproductive health.

59. Lack of access to affordable reproductive health commodities is one major obstacle to universal access to reproductive health and HIV prevention. UNFPA will continue to work with partners in the Reproductive Health Commodity Security (RHCS) Coalition on the recently launched Global Programme for RHCS. As part of building the capacity of health systems to respond to SRH needs, UNFPA will focus on ensuring that national commodity systems and plans are strengthened, including national budgeting, and meeting countries' immediate shortfalls in reproductive health commodities.

60. In areas affected by humanitarian crises, UNFPA will continue to advocate and support the institutionalization of sexual and reproductive health in emergency preparedness, humanitarian response and during transitions and recovery. This includes building capacity of humanitarian assistance actors to integrate SRH in their programmes and advocating for increased funding within humanitarian assistance funding frameworks. UNFPA will support implementation of the 'Minimum Initial Service Package', including providing emergency reproductive health kits. UNFPA will continue building partnerships with humanitarian relief agencies such as UNHCR, International Organization for Migration, International Federation of Red Cross and Red Crescent Societies, and other members of the Inter-Agency Standing Committee for humanitarian assistance.

61. An effective response to poor reproductive health must address wider socio-economic concerns, such as social marginalization and norms and practices around sensitive topics such as sexual behaviour, drug use and power relations between women and men. More efforts are needed to understand the determinants affecting

utilization of reproductive health and HIV-prevention services, and promotion of healthy behaviours. UNFPA will contribute to increasing demand for reproductive health by enabling communities and individuals to claim and exercise their reproductive rights and assisting service providers to understand their duties in relation to reproductive rights.

Outcome 2: Access and utilization of quality maternal health services increased in order to reduce maternal mortality and morbidity, including the prevention of unsafe abortion and management of its complications.

62. UNFPA will promote a continuum of maternal health care as part of reproductive health and the right to health. It will work closely with United Nations partners, such as UNICEF, WHO and the World Bank, and other organizations, (e.g., the Partnership for Maternal, Newborn and Child Health), ensuring a coordinated response, including leveraging support to strengthen health systems for maternal health services. The Fund will emphasize capacity development to scale up maternal health services, including family planning to prevent unwanted pregnancies and recourse to unsafe abortion. UNFPA will build capacity in implementation of national human resource policies to increase coverage of health personnel with midwifery skills including provision of basic emergency obstetric care. Further emphasis will be placed on managing complications of unsafe abortion and addressing maternal morbidities such as obstetric fistula and perinatal depression. UNFPA will work with partners to contribute to comprehensive prevention of mother-to-child transmission of HIV/AIDS (PMTCT plus), focusing on the health of the mother as a complement to UNICEF work on mother-to-child transmission focusing on the child. The Fund will strengthen prevention of primary HIV infection of pregnant women and unwanted pregnancy among HIV-positives and will work with sister agencies especially UNICEF, WHO and UNAIDS to support the global programme to scale up PMTCT at country level.

Outcome 3: Access to and utilization of quality voluntary family planning services by individuals and couples increased according to reproductive intention.

63. UNFPA will focus on the urgent need to re-energize family planning programmes including their integration within comprehensive reproductive health services. Approaches will include dual protection with condoms to prevent STIs and HIV infection and pregnancy. UNFPA will work with Governments and partners, such as IPPF, to ensure greater access to a range of modern contraceptives, including among the most vulnerable, such as women living in poverty and people living with HIV, including young people. In addition, efforts will focus on improving services, particularly counselling, to facilitate informed choice. Ensuring a reliable and consistent supply of reproductive health commodities will be an important component, together with demand generation strategies, such as strategic communication and community mobilization.

Outcome 4: Demand, access to and utilization of quality HIV and STI prevention services, especially for women, young people, and other vulnerable groups, including populations of humanitarian concern increased.

64. UNFPA will work with partners to support the scaling up of HIV-prevention programmes. Within the UNAIDS division of labour, UNFPA will continue its focus on prevention in women and girls, condom programming, and prevention for young

people outside schools and other vulnerable groups. As a co-convener in the Global Coalition on Women and AIDS, UNFPA will support follow-up of country level operationalization of guidance and good practices to reduce vulnerability, mitigate impact, and empower women and girls to protect themselves from infection. Focus will include reducing barriers to utilization of sexual and reproductive health services, addressing the sexual and reproductive health of women living with HIV, and promotion of a comprehensive approach to HIV and sex work. UNFPA will work with UNAIDS co-sponsors, including WHO, to operationalize at country level the global strategy for the Prevention and Control of Sexually Transmitted Infections and linkages between SRH and HIV/AIDS.

Outcome 5: Access of young people to SRH, HIV and gender-based violence prevention services, and gender-sensitive life skills-based SRH education improved as part of a holistic multisectoral approach to young people's development.

65. UNFPA will support the development of an essential package of reproductive health and social services for young people, including for poor and vulnerable groups. Coordination on young people's issues is important due to its multisectoral nature. UNFPA will work with partners, such as the World Bank, to advocate for inclusion of this package within national development frameworks. In addition, UNFPA will support gender-sensitive life skills-based sexual and reproductive health education for young people. This includes working with UNICEF and UNESCO to ensure that education programmes enable adolescents to develop their identities, values and critical thinking skills and exercise their rights. For out-of-school young people, UNFPA will continue to lead programming as defined by UNAIDS, with priority for marginalized young girls and adolescents at risk of child marriage and pregnancy, working adolescents, and young couples. Youth participation and support for youth leadership will receive special attention.

E. Focus area 3: Gender equality

66. *MDGs and ICPD context.* At the 2000 Millennium Summit and the 2005 World Summit, Governments reaffirmed the centrality of gender equality to poverty reduction and development. The advancement of gender equality and women's empowerment is a goal in itself and is also central to achieving all the other MDGs. UNFPA has as its core mission the furthering of reproductive health and reproductive rights for all. In collaboration with UNIFEM and other sister United Nations agencies, UNFPA also makes critical contributions to promoting the broader gender equality agenda at global, regional and country levels using ICPD as the entry point. ICPD provides UNFPA with a particular responsibility for some specific aspects of gender equality and given the Fund's expertise in this area in a number of countries, and within the context of the United Nations system collaboration and partnerships, UNFPA will continue making a significant contribution to furthering the human rights of women and girls, with specific focus on reproductive health and rights, within the areas of its comparative advantages and in response to country priorities and specificities.

67. Despite significant progress since the ICPD and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the gaps between policy and implementation are especially significant for most women and girls living in poverty or belonging to marginalized groups. Over the next four-year

cycle, UNFPA will significantly intensify its contributions to national capacity development for gender equality programming across its main areas of expertise and comparative advantage as reflected by the outcomes described in the strategic plan. In addition to its contributions to MDG 3 on gender equality, through its gender mainstreaming efforts in the areas of population and reproductive health, UNFPA will contribute to the achievement of the other poverty reduction, education and health goals (in particular MDGs 1, 2, 3, 4, 5 and 6).

Goal 3: Gender equality advanced and women and adolescent girls empowered to exercise their human rights, particularly their reproductive rights, and live free of discrimination and violence.

68. UNFPA regards gender equality as a vital concern for all organizations and Governments, although the issue has not received the priority that it requires. With a presence in over 140 countries, UNFPA has been a constant advocate for gender equality along with other United Nations agencies. Given the centrality of gender to all development policy, UNFPA will always be a strong advocate and supporter for ongoing efforts to ensure system-wide and agency-specific gender-based action consistent with their mandates. Equally, while being a strong voice for gender concerns, UNFPA will support gender-based programmes that are consistent with its strategic plan.

69. UNFPA, in partnership with other United Nations agencies, will continue policy dialogue and advocacy with partners on broad-based gender equality strategies. As per the Fund's comparative advantage and strategic niche, specific focus will be on two substantive dimensions of gender equality: (a) promoting reproductive rights; and (b) addressing sexual and gender-based violence in the context of sexual and reproductive health, including in emergency and conflict situations.

70. *Lessons learned.* In many countries UNFPA has been instrumental in mobilizing support for the passing of gender equality policies and of legislation on violence against women and girls, female genital mutilation/cutting and child marriage which have, inter alia, adverse sexual and reproductive health consequences. UNFPA has worked with potential agents of change such as male leaders, elders, and community and religious leaders who have a deep understanding of the local communities as well as the legitimacy to advocate for change from within, through culturally sensitive approaches. The engagement of these partners in addressing reproductive health and gender equality has placed these issues on the public agenda, while fostering sustained national and community ownership and mobilization.

71. UNFPA has worked to protect the sexual and reproductive health of communities in crisis and to address gender-based violence. In many emergency situations, UNFPA played a key role in supporting prenatal care, assisted delivery, emergency obstetric care for pregnant women, access to family planning, and services related to HIV/AIDS prevention and gender-based violence prevention. In these contexts, the unique expertise of UNFPA in data collection and analysis has been acknowledged as a major contribution within the United Nations system. UNFPA has also been active in advocating and building national capacity for implementation of the United Nations Security Council resolution 1325 on women, peace and security, including in response to sexual violence during armed conflicts.

The notable increase in mechanisms and the refinement of approaches around addressing gender-based violence is encouraging. However, it is critical to increase the monitoring and accountability of such mechanisms.

72. *Issues and challenges*. During the current MYFF, gender equality programming has not always been consistent, and UNFPA is challenged to strengthen its efforts in order to maximize the efficiency and effectiveness of the programmes it supports. There is documented evidence on how gender inequalities constitute major reasons why poor sexual and reproductive health and extreme poverty persist in many parts of the world. Reversing the intergenerational transmission of poverty also requires investments in adolescent girls and efforts to reach marginalized, disadvantaged groups.

73. Similarly, to further gender equality, human rights concerns need to be mainstreamed and made explicit across UNFPA operations, with a focus on the poorest, most excluded and marginalized groups, including indigenous peoples, refugees and internally displaced persons. In the area of reproductive health services this implies ensuring that high quality services are made available, accessible, affordable and are supported by the communities; that women and adolescent girls are informed of their rights and empowered to negotiate the use of those services; that they have recourse to redress and reparation mechanisms in cases of violations of those rights; and that they are enabled to make decisions regarding their health and life options.

Outcome 1: Gender equality and the human rights of women and adolescent girls, particularly their reproductive rights, integrated in national policies, development frameworks and laws.

74. In partnership with sister United Nations agencies, UNFPA will continue to advocate and develop national capacities to ensure that national development policies and funding frameworks — including MDG follow-up plans, poverty reduction strategies and sector-wide approaches — address and mainstream gender equality and incorporate international human rights standards and recommendations of special procedures and treaty bodies, including CEDAW. Over the strategic plan period, UNFPA will concentrate its efforts on supporting national capacity to implement policies and legal enforcement, with emphasis on reproductive rights and gender-based violence prevention, as well as on continued capacity development on gender-responsive budgeting. A special effort will be made to engender policies and plans, and ensure that reproductive rights and gender-based violence are central in preparedness, emergency and post-emergency situations, including as part of the follow-up to Security Council resolution 1325.

Outcome 2: Gender equality, reproductive rights and the empowerment of women and adolescent girls promoted through an enabling sociocultural environment that is conducive to male participation and the elimination of harmful practices.

75. Outcome 1 will be supported by an enabling sociocultural environment. As gender equality and sexual and reproductive health remain sensitive topics in many countries, UNFPA will expand its work with various partners to promote sociocultural environments friendly to gender equality, women's empowerment and reproductive rights. To do so, UNFPA will scale up strategies to increase supportive male participation and accelerate the elimination of harmful practices such as

female genital mutilation/cutting and child and forced marriage. It will also promote gender-sensitive sexual and reproductive health education for young people who are in and out of school. Furthermore, UNFPA will expand its work with national, regional and global networks of traditional leaders, religious leaders and civil society organizations to shape sociocultural norms supportive of gender equality and reproductive rights.

Outcome 3: Human rights protection systems (including national human rights councils, ombudspersons, and conflict-resolution mechanisms) and participatory mechanisms are strengthened to protect the reproductive rights of women and adolescent girls, including the right to be free from violence.

76. To ensure effective implementation of commitments to the human rights of women and girls, including their reproductive rights, UNFPA will advocate and support governments and civil society to reinforce protection systems. This implies that UNFPA will support initiatives on capacity development and advocacy with relevant State institutions, medical and paramedical personnel, teachers and key actors with authority and decision-making power so they are able to fulfil their obligations and responsibilities. UNFPA efforts would include building national capacities to incorporate gender equality issues and reproductive rights in human rights protection mechanisms; supporting the policy-oriented advocacy and meaningful participation of women's groups and concerned organizations representing marginalized and excluded populations as mentioned earlier.

Outcome 4: Responses to gender-based violence, particularly domestic and sexual violence, expanded through improved policies, protection systems, legal enforcement and sexual and reproductive health and HIV-prevention services, including in emergency and post-emergency situations.

77. Addressing gender-based violence, with partners in the United Nations system, including UNIFEM, will continue to be an integral part of UNFPA interventions, with a strengthened effort across its global, regional and country operations in the context of existing inter-agency partnerships including its role as co-chair (with United Nations Division for Advancement of Women) of the task force charged with follow-up to the Secretary-General's In-Depth Study on Violence Against Women. UNFPA will assist countries in expanding programmes and strategies to address gender-based violence, with emphasis on the role of sexual and reproductive health programmes in providing screening, care and referrals for women and girls who have experienced abuse, including in emergency and post-emergency situations. In conflict and post-conflict countries, UNFPA efforts will continue to function within the framework of its role in implementing the Brussels Call to Action on Sexual Violence and Beyond and Security Council resolution 1325. It will also intensify its advocacy efforts, including with special emphasis on young women and sexual violence, and outreach messages to men and adolescent boys.

F. National capacity development

78. Support for national capacity development is at the core of the UNFPA strategic plan as stressed in the above-mentioned goals and outcomes. UNFPA will be guided by the UNDG Position Statement on Capacity Development (October 2006). The position statement defines capacity as the "ability of people,

organizations and society as a whole to manage their affairs successfully". Capacity development is the process whereby people, organizations and society as a whole unleash, strengthen, create, adapt and maintain capacity over time.

79. For UNFPA, capacity development is the basic foundation for creating a lasting sustainable change in the policy environment, institutions, human knowledge and skills that enable national development. Some of the lessons learned from past efforts at capacity development include the need to define with greater clarity the specific roles of the Fund in capacity development and the methodology for measuring the impact of capacity development strategies. To address these lessons, UNFPA is formulating its policy in line with the UNDG position statement and a comprehensive technical guidance on capacity assessments, strategies, and impact measurement of the UNFPA role in capacity development. The guidance will be operationalized in the course of the strategic plan, 2008-2011.

80. Capacity development will be the central thrust of the Fund's work at the country level and will be supported with regional and global technical and programmatic resources. UNFPA core contribution to capacity-building at national level will be through the transfer of knowledge and skills to individuals, development of national institutions, and support to national policies and strategies. The Fund's contribution to building the capacities of its partners will be in the context of the priorities of the UNFPA strategic plan. UNFPA will develop a reference set of outputs, categorized based on programme activities, and constituting a capacity development strategy typology. Country, regional and global programme outputs would be aggregated based on this reference set of outputs. The strategies for capacity development, which will be further developed in the guidance note, are given below.

81. *Building and using a knowledge base*. UNFPA will support national capacity to design and implement evidence-based policies and programmes addressing local needs. This strategy enables national partners to generate and use knowledge relevant to their goals and outcomes. It promotes capacity for identifying lessons learned and effective programme models, utilizing evidence from pilots and formulating scaling-up strategies. This will be complemented by strengthening South-South knowledge transfer through regional support to serve the needs of programme countries.

82. *Supporting advocacy and policy dialogue*. This strategy aims to strengthen national ownership of the ICPD agenda and its incorporation, where needed, in legal, normative, development and expenditure frameworks and plans. It also aims at building the capacity of Governments, civil society and other partners to advocate for ICPD agenda. UNFPA will support the national capacity to develop and implement ICPD-related policies and frameworks with adequate investment in ICPD goals.

83. *Building and strengthening partnerships*. This strategy focuses on building national capacity for partnership to mobilize support and complementary resources for the ICPD agenda. The strategy aims to build national capacity for multisectoral partnerships among Government, regional institutions, parliamentarians, universities, civil society organizations, donors, the media and the private sector. UNFPA will make available to countries technical resources and expertise from within, as well as harness and organize appropriate external expertise at the request of programme countries.

84. *Developing systems for improved performance.* This strategy aims at strengthening the national capacity to develop and manage primary health care and reproductive health commodities systems for improved quality, coverage and effectiveness. UNFPA will also build the institutional capacity to develop, motivate and retain skilled human resources.

VI. Management results framework

85. The management results framework (MRF) of the strategic plan has been designed to enable UNFPA to effectively deliver the programme outputs at all the levels, global, regional and country. The management results framework is intended to strengthen the organization's ability to manage the financial, and human resources it has been entrusted with, and to effectively use planning, monitoring, reporting and knowledge-sharing systems and tools to deliver its programmes. UNFPA has defined nine management outputs for which it will be accountable. These outputs go beyond purely internal management issues and are statements of the core business UNFPA will undertake to maintain and expand its capacity to represent ICPD and to deliver effective programmes.

A. Managing for results

86. A full implementation of the results-based management approach will remain the strategic focus of UNFPA throughout the 2008-2011 strategic plan. UNFPA has made significant progress in this area during the current MYFF. New results-based management practices, systems and tools have been introduced, including the balanced scorecard, UNFPA global impact tracking, Atlas, office management plans (OMPs) and the performance appraisal and development (PAD) system.

Output 1. Increased results-based management effectiveness and efficiency.

87. UNFPA will continue its efforts to strengthen results-based management and complete its transition to an organization with an integrated RBM operating to deliver programme and management results at all the levels, while ensuring coherence and synergy between various levels. The Fund will further build the capacity of the staff in RBM. This will be promoted through cutting-edge management practices; building and improving managerial and leadership skills of key staff through continual learning and training; improving risk management and ensuring follow-up to audit and evaluation recommendations; maintaining up-to-date management policies and practices, information technology systems, improving internal communications among organizational units and across UNFPA levels. This will ensure coherent management; improve administration, procurement, financial and human resource management services to ensure their timeliness and efficiency; and increase cost-effectiveness of UNFPA interventions by reducing further the transaction costs through common programming, joint offices and outsourcing of services.

Output 2. Ensured results-oriented high-quality UNFPA programme delivery at the country, regional, and global levels.

88. An increased capacity of UNFPA to help Governments formulate, implement programmes and monitor and evaluate their impact is critical to making high-quality contributions to national development results. UNFPA-supported programmes must produce a demonstrable change and have an impact within the environment in which they operate. The same quality standards must apply to regional, and global programming to ensure synergy between them.

89. At the global level, UNFPA will undertake the following: implement UNDG quality support and assurance standards for programming; promote use of existing knowledge-sharing systems and resources by all units and offices; organize and deliver quality technical support to the programmes; provide Fund-wide rolling training for staff on quality standards, policies, and use of the systems and tools; hold managers and staff at all levels accountable for the application of policies, procedures and use of the systems, as well as acknowledge and reward good usage of policies, system and tools.

90. At regional and country levels, UNFPA will focus on improving the quality and effectiveness of programming towards the national development priorities within the strategic plan focus areas. It will manage these priorities through country programmes, which will define its contribution to UNDAFs. Regional programmes will support and complement country programmes by mobilizing the potential of the United Nations reform, including resources available through regional director teams (RDTs) and United Nations country teams (UNCTs) in support of nationally defined priorities. UNFPA will provide technical support for national capacity development, build partnerships with regional institutions and policy-makers, utilize regional resources for technical assistance and promote South-South cooperation.

Output 3: UNFPA maintains motivated and capable staff

91. Motivated and capable staff are the backbone of UNFPA. The Fund's ability to be effective, efficient and successful in achieving results and implementing its mandate depends to a significant extent on the dedication and professionalism of its staff. At all levels, UNFPA efforts will concentrate on full implementation of its human resources strategy. It will aim at the timely staffing of vacant posts with the highest calibre personnel through a competitive and transparent recruitment process with priority for country offices; and retention of the best staff by expanding opportunities for systematic learning, career development and mobility.

92. UNFPA will also ensure the staff's high morale, dedication, and integrity by acknowledging, encouraging and rewarding excellence in work, including offering performance incentives. UNFPA will work on developing the system of non-financial incentives and linking them with the individual performance of staff members. At the same time, particular attention will be paid to addressing poor performance in the framework of the existing performance assessment system. In particular, under-performing staff and their supervisors will be required to agree on management and learning measures. Implementing the UNFPA policy on rotation will promote the development of a critical mix of skills among the staff, enrich their professional experience and ensure fairer conditions of service for international staff.

93. At the country level, along with progressive introduction of joint offices and common country programming, UNFPA will promote active involvement of local professional staff in UNCT activities and processes. Attention will be paid to attracting and retaining the best available professionals and technical support personnel who meet staff competency requirements. UNFPA will provide learning, career, and professional growth opportunities, including detail assignments to other country offices and headquarters, and involvement in joint technical missions, along with increasing access to international career opportunities within UNFPA and the wider United Nations system.

B. Partnerships

94. The ICPD can only be implemented if all potential partners are mobilized, especially the programme countries. For UNFPA, being a strategic partner means working together towards common national results, based on unique abilities, comparative advantages and a clear division of responsibilities.

Output 4. Effective partnerships that protect and advance the ICPD agenda to be maintained and expanded.

95. UNFPA will leverage support for Governments by brokering bilateral and multilateral partnerships with parliamentary groups, civil society organizations, religious and faith-based groups, intergovernmental organizations, United Nations system partners, academia and research partners, the media, as well as non-traditional partners, including the private sector. Strategic partnerships for UNFPA are critical for coordinating and leveraging the necessary support to advance the implementation of national, regional and global priorities in line with the ICPD agenda. UNFPA is an active co-sponsor of UNAIDS, and is committed to follow up on the Global Task Team recommendations.

96. At the global level, UNFPA will continue to engage in advocacy, through partnerships with Member States, NGOs and parliamentary groups, to create awareness of and generate support for the ICPD agenda and the work of the Fund. UNFPA capacity to forge regional partnerships is critical, as regional organizations are increasingly active in the entire spectrum of cooperation from humanitarian relief, recovery, peace and security, to development. UNFPA restructuring will boost its capacity to engage in regional partnerships and strengthen its support to country programmes.

C. United Nations reform

97. As noted earlier, the UNFPA strategy on United Nations reform is guided by the recommendations of General Assembly resolution 59/250 on the TCPR. The Fund strongly believes that reform offers an opportunity to leverage the internationally agreed development goals, including the MDGs, and that the collaborative approach in the new reform environment should increase the momentum for implementation of the ICPD Programme of Action and the achievement of the goal of universal access to reproductive health by 2015.

Output 5. Ensured leadership role of UNFPA and active participation in the United Nations reform.

98. As a key player in the United Nations operational activities for development at the country level, UNFPA emphasizes the impact of programme delivery on the development prospects of partner countries as the principal driver of the United Nations mission and reform. In pursuit of this goal, UNFPA will continue to place the leadership and priorities of the programme countries at the forefront. UNFPA will work with other agencies to ensure the central importance of ICPD agenda in common United Nations programming framework and its integration into national development strategies. UNFPA believes that when the United Nations works as a team, programmes jointly and minimizes its transaction costs, it is better positioned to deliver enhanced and more effective development results in support of countries.

99. UNFPA will ensure that guidelines and policies regarding common programming frameworks and tools, development frameworks, business practices and management of the resident coordinator systems lead to coherence, coordination and efficiency in programme delivery at the country level. In this regard, the Fund works at the global level with the rest of the United Nations system within the United Nations Development Group and the United Nations Chief Executives Board (CEB), and the Inter-Agency Standing Committee (IASC) to maintain reform momentum and to ensure that change processes are harmonious and synchronized across the system. The Executive Director of UNFPA acts as the chair of the High-Level Committee on Management of the CEB for 2006-2007 and thus provides system-wide leadership on questions relating to financial and management systems harmonization within the United Nations system. Based on inter-agency agreements, UNFPA will take the lead in its areas of comparative advantage. It will also ensure that decisions and agreements made in the context of United Nations reform are implemented through timely internal policy and procedural guidelines.

100. The active participation of UNFPA in the Joint Offices and the "Delivering as One" pilot initiatives under the unified leadership of a strengthened resident coordinator derives from its firm confidence in the promise and the opportunity offered by these programming and operational innovations. UNFPA is fully committed to supporting these pilots positively and constructively especially where national Governments are at the center of the initiatives. UNFPA shares the vision of a strengthened United Nations around two broad ideas: strengthened analytical and normative support for country offices and transboundary activities, as well as co-location and alignment of the United Nations system entities to maximize synergies. Thus, at regional and country levels, the most important focus of UNFPA will be on the success of reform on programme delivery in the field in the context of General Assembly resolution 59/250 on the TCPR.

D. Accountability and oversight

101. Accountability is the cornerstone of UNFPA management. The Fund is accountable to the Member States and through them, to the people whom it ultimately serves. This translates into internal accountability of the staff and organizational units to the Executive Director and to one another for achieving results in their work. It also translates into the accountability of the Executive Director to the Executive Board and the Secretary-General. The strategic plan is the

core framework that determines the basis of accountability within the organization and to major stakeholders, especially Member States.

Output 6: Improved accountability for achieving results at all levels.

102. UNFPA is an important contributor to the goals and outcomes of the strategic plan. While the goals and outcomes represent a shared accountability for their attainment, UNFPA is accountable for monitoring and reporting on progress on these goals and outcomes. UNFPA must collaborate with other development partners to ensure that the internationally agreed indicators chosen to analyse and monitor the goals and outcomes of the strategic plan are included in national planning systems, and Governments are supported to ensure data collection, analysis and use. Without the information that these indicators represent, countries will not be in a position to determine their own progress in achieving the ICPD goals, which are central to the MDGs.

103. *Country-level accountability*. Country programme outcomes will be nationally defined to reflect national priorities and ownership within the overall parameters of the MDGs, ICPD and other global conference agreements as they relate to the UNFPA mandate and strategic niche, experience and knowledge. The outcomes, determined by the country programming process, as represented by the UNDAF, will be attributable to the national government and the UNCT collectively. From the development results framework of the UNFPA strategic plan, country offices will choose one or more of the outcomes for each of the three goals to determine the focus for the contribution of UNFPA through clearly formulated outputs. UNFPA will be fully accountable for the outputs listed for UNFPA support in the country programmes. These outputs will be clearly stated in the country programme documents and monitored and reported on annually and will also be reflected in periodic reports to the Executive Board. UNFPA will also be accountable for facilitating efforts to collect all important data for the country programme outcomes. Regarding *regional and global levels accountability*, UNFPA is fully accountable for the outputs listed in the regional and global programme in support of regional coherence and national development efforts. These outputs are included in the global and regional programme document being submitted to the Executive Board at the Second regular session 2007 (see DP/FPA/2007/19). UNFPA will monitor and report on these outputs to the Executive Board.

104. *Accountability for management results*. UNFPA will be directly accountable for the management outputs. For the first time, the UNFPA balanced scorecard has introduced individual and collective accountability of directors and other senior managers for achieving the strategic plan management outputs and targets. UNFPA headquarters divisions and units, and the country offices will contribute to achieving these results by defining and implementing clear management actions at their respective levels for which they and their staff will be accountable to the Executive Director and to each other. The scorecard system is now being developed to ensure that it also becomes a tool for monitoring programme as well as management outputs at each level. All outputs in the global, regional and country programmes will require baselines and targets for each output (see also DP/FPA/2007/20 on the UNFPA accountability framework).

105. *Internal accountability*. With respect to internal accountability, UNFPA aims at ensuring that each unit and staff members at all levels of the organization are fully

accountable and the office management plan and the performance appraisal and development system are the tools for collective and individual accountability, respectively. The OMP around which UNFPA units and divisions organize their work is a strategic tool to facilitate the organization's work. The PAD system is an integral part of the performance management system which provides the means by which staff measure their contribution to achieving organizational priorities, as well as the means by which UNFPA recognizes successful performance and addresses underperformance. Particular attention will be paid to ensuring financial and managerial accountability, including timely submission of financial, audit, performance and fraud reports and follow-up to implementation of corrective measures. The Fund's individual and management accountability framework will provide for a more reliable measurement of performance and impact, based on the responsibility of management to evaluate results and to measure UNFPA efficiency and effectiveness. The accountability framework is linked with the management assurance process and is supported by management and performance tools.

106. *Oversight.* UNFPA will continue to conduct oversight exercises, based on the risk model, to ensure the relevance of programme strategies, adequacy and quality of monitoring and evaluation, and efficiency of operations and adequacy of risk management to improve performance effectiveness and efficiency in the strategic plan, 2008-2011. Follow up on the oversight reports will be closely monitored by UNFPA management.

E. Sustainability and stewardship of resources

107. For UNFPA to plan and deliver its multi-year programmes requires predictable and assured future funding. To offer the programmes that will make the biggest difference to people in programme countries, UNFPA must be able to plan the programmes into the medium-term future, in turn, requiring that UNFPA is sustainably funded. Maintaining high quality performance supported by public visibility of the Fund through outreach is critical for securing sustainable funding.

Output 7. Ensured sustainable resources for UNFPA.

108. At the global level, UNFPA will focus on maintaining the current number of contributing countries and on increasing their contributions. It will also provide for a more targeted and flexible resource base by launching thematic trust funds (TTFs) in the three focus areas of the strategic plan. A clear set of guidelines will be put in place to operationalize the thematic trust funds. A total of three to five TTFs will be established. A common coding system would be applied for core TTFs and co-financing in order to allow comprehensive reporting on approved themes for all UNFPA funding sources. All resource mobilization efforts will stress that core funds are the priority, with TTFs as an additional form of funding. In line with existing policies, UNFPA will ensure full cost recovery for indirect costs related to TTFs and co-financing. UNFPA will also work to increase the number of multi-year pledges and to diversify the source of contributions to its regular funds to include public-private partnerships and funds. The multi-year pledges will provide additional assurance that the thematic funds do not divert money from UNFPA regular resources that are critical for the Fund's central business of advancing the ICPD agenda. The integrated financial resources framework of the strategic plan will determine the overall financial resources requirements for the 2008-2011 period and

depict how the resources will be apportioned between country programmes, the global and regional programme and the BSB.

109. At the regional and country levels UNFPA will engage in mobilizing additional resources for regional and country programmes, particularly in those programme priority areas which are common for groups of countries in a given region. UNFPA will continue to strengthen the ability of country offices and relevant staff to mobilize local resources for the country programmes, as well as common resources for United Nations support to the national development plans. In particular, UNFPA will collaborate with the resident coordinators in UNCTs to make sure that the common resource mobilization plans and advocacy efforts include priorities in the UNFPA core areas.

Output 8: Improved stewardship of resources under UNFPA management.

110. The ultimate success of UNFPA in strengthening national capacity in programme countries will depend on how well the organization manages its financial and other resources. At the global level, UNFPA will strengthen the internal mechanisms for timely allocation and distribution of programme and BSB funds to headquarters units and country offices, as well as timely redistribution of any unexpended resources. UNFPA will exercise regular oversight of the expenditures and expenditure projections to ensure that the resources are expended by all units in accordance with the workplans. It will conduct continual monitoring of expenditures and obligations in the Atlas system and hold managers at all the levels accountable for meeting the planned expenditure targets for delivering the agreed programme results. At all the levels, UNFPA will pay specific attention to improved financial management of programmes and increased programme delivery by enhancing Atlas operations, and by implementing the harmonized cash transfer modality at the county level.

F. Strengthening field focus

111. UNFPA recognizes that responding to the demands of countries for support to implement ICPD is the central role of the organization. While UNFPA has always been a field focused organization the need to build on past experiences and commit more resources to supporting country operations is critical to realizing the role of UNFPA in the rapidly changing development environments. While placing more resources and staff in the country offices, it is also essential to reorient the organization at the regional and global levels to ensure that country concerns are central to the Fund's structure, processes and culture, and that management decisions serve the needs of country offices and enable representatives to operate effectively and efficiently in response to national priorities as reflected through the UNDAFs.

Output 9. UNFPA will have become a stronger field-focused organization.

112. UNFPA will achieve this management result through increased financial allocation of programme resources to countries and increased human resources and capacity of country offices. The Fund will give special attention to enhancing recruitment of national professional staff at the country level. This will be complemented by placing high calibre staff in the country offices through

recruitment and rotation. UNFPA will need to adapt the organizational structure to better respond to the country needs including strengthening support from regional level. UNFPA will make sure that the headquarters is also fully oriented towards the needs of the country offices. The business processes will be redefined to serve the country needs effectively and efficiently. UNFPA will hold managers at headquarters accountable for timely and high-quality administrative, procurement, and human resource management support to the country offices. It will also work to strengthen the organizational culture that values the country offices and promotes a country-focused mindset.

VII. Integrated financial resources framework

A. Resource needs and flows for ICPD

113. The 1994 ICPD Programme of Action projected that $18.5 billion would be required in 2005 and $20.5 billion in 2010 to implement the costed components of programmes in reproductive health, including family planning, maternal health and the prevention of sexually transmitted infections and HIV/AIDS, as well as the basic collection and analysis of data. Additional resources would be required to strengthen health systems, emergency obstetric care and HIV/AIDS treatment and care. The Programme of Action also indicates that up to two thirds of the resource requirements would be met by the countries themselves, and the remaining one third would come from external resources.

114. In 2005, developing countries mobilized resources estimated at $17.3 billion; in 2004, donor assistance reached $5.6 billion and was expected to increase in 2005, as reported to the Commission on Population and Development (see E/CN.9/2007/5). In 1994, the population and health situation in the world differed greatly from the situation today. At that time, resources for HIV/AIDS-prevention activities were estimated to be about 8 per cent of total population assistance, whereas in 2004 these activities received 54 per cent of the funding. UNAIDS estimated that global resource requirements for HIV/AIDS prevention, treatment and care in 2006 would amount to $15 billion, with $8.4 billion needed for HIV/AIDS prevention. The linkages between HIV and sexual and reproductive health need to be further strengthened as the increased funding available for HIV/AIDS is an opportunity that has not yet been fully leveraged.

B. Resource requirements for UNFPA for 2008-2011

115. UNFPA income for regular resources increased at an average annual rate of 6 per cent over the 2004-2007 MYFF period. UNFPA income from regular resources for the 2004-2007 period is estimated at $1,470 million and from other resources is estimated at $720 million. This is only an estimate since exact figures for the 2007 income figure are not yet finalized. The estimated income for 2004-2007 for regular resources is thus higher than the projected income of $1,434 million, whereas the income from other resources is more than twice as high as projected in the MYFF 2004-2007.

116. For the 2008-2011 period, UNFPA is estimating the total income at $2,595 million, of which $1,795 million would be from regular resources and $800 million

would be from other resources. This income projection for regular resources is based on an annual increase of 4 per cent using the 2007 estimated contributions as the base. The figure also includes an estimated interest income of $28 million for the four-year period. The income projection for other resources is based on the expected income in 2007 and kept at the same level throughout the period. A total of $1,020 million will be devoted to country programmes during the strategic plan, 2008-2011, and this amount corresponds to an increase of 28 per cent over the current MYFF 2004-2007. The resources for the global and regional programme, which includes the former intercountry programme and Technical Assistance Programme for 2008-2011, will amount to $200 million. This amount is an actual decrease compared to the amount foreseen for similar activities under the current MYFF 2004-2007, as UNFPA is giving highest priority to increasing the resources going directly to country programmes. The integrated financial resources framework for 2008-2011 increases the proportion and amount of resources directed to country programmes over the MYFF 2004-2007. UNFPA will make every effort to focus any real growth primarily at the country level for the period 2008-2011.

Table 1. Approved resource requirements 2004-2007 and proposed requirements 2008-2011
(In millions of dollars)

	Approved requirements 2004-2007 [a]	Proposed requirements 2008-2011
Regular resources		
Country programmes	800	1,020
Intercountry programme	155	
Technical Advisory Programme	76	
Global and Regional Programme		200
Total programme	1,031	1,220
Net biennial support budget	357	529
Miscellaneous [b]	46	28
Total BSB and miscellaneous	403	557
One-time cost [c]		18
Total regular resources	1,434	1,795
Other resources		
Programme and other	320	800
All resources	1,754	2,595

[a] As approved by the Executive Board in June 2005.
[b] Contribution to the operational reserve, Enterprise Resource Planning system, security and the International Public Service Accounting Standards (IPSAS).
[c] Total one-time cost of $28 million will be partially met through $10 million from carry-forward resources.

117. UNFPA will continue to advocate for the increase of core resources with Organisation for Economic Co-operation and Development (OECD)/Development Assistance Committee (DAC) members and other donors. UNFPA has indications from certain donors that their contributions to UNFPA core resources will continue to increase over the next four years. UNFPA is also pursuing thematic trust funds as

a way to mobilize additional resources to meet country needs as described in the managing for results section under management output 7.

VIII. Monitoring, evaluation and reporting

118. Monitoring, evaluation and reporting constitute the foundation of UNFPA accountability to the Member States and the people they represent. These critical elements of results-based management will be linked to UNFPA accountability frameworks at global, regional and country levels. They will follow the rules set out in the UNFPA Policies and Procedures Manual, in accordance with the United Nations Evaluation Group norms and standards. The UNFPA Policies and Procedures Manual integrates harmonized monitoring tools such as annual work plan and country programme action plan tracking tools, standard progress report and others.

A. Monitoring

119. As stated in many of the outcomes of the strategic plan, UNFPA will play a central role in strengthening national monitoring systems to help Governments to keep track of progress on ICPD implementation. UNFPA will also develop a monitoring and evaluation plan encompassing country, regional and global programmes based on the strategic plan, the development and the management results frameworks. This will include monitoring of outputs for which UNFPA is accountable, as well as the goals and outcomes of the strategic plan. This will be facilitated by an array of internal monitoring tools, including annual reports, partner surveys and Atlas. UNFPA will also update its global database for monitoring programme and management performance. A baseline will be established on the results of the 2007 annual reports and balanced scorecard results. The end-line will be tracked in the 2011 annual reports and the scorecard results.

B. Evaluation

120. The monitoring and evaluation plan will include activities at all levels to ensure adequate coverage and distribution of substantive and geographic areas and timeliness of the exercises. Certain standard questions will be included in all evaluation terms of reference as well as standard methodologies for assessing the relevance, effectiveness, efficiency, impact and sustainability in the UNFPA mandate areas, while allowing variations depending on the focus of the programme and the evaluation. This would enhance objectivity and comparability and promote the reliability of evaluation findings. The quality of evaluation reports will be screened on a sample basis using the minimum evaluation standards.

121. Evaluation will include decentralized evaluations of country, regional and global programmes as well as of thematic topics. At the country level, outcome evaluations will be conducted during the fourth year of the programme cycle in conjunction with the development of the new programme and as part of the UNDAF evaluation. Because of different programme cycles, country programme outcome evaluations will take place at various points of the strategic plan period. At the regional and global levels, in addition to programme evaluations UNFPA will

conduct evaluations of selected strategic plan outcomes and will examine how the strategies worked in producing impact in those outcomes. These evaluations will be planned in the third and fourth year of the strategic plan implementation.

122. UNFPA will make a special effort to improve the quality of its evaluations. Based on the review of the evaluation policy, clear roles and responsibilities for evaluation will be established among UNFPA units and these evaluation functions will be integrated in the relevant terms of reference of the organizational units. The UNFPA Geographical Divisions will play a critical role in monitoring and evaluation at country and regional levels to ensure greater accountability for programme and management results. Monitoring and evaluation officers will be placed in field offices to strengthen the capacity to support country offices with programme design and methodologies. Evaluation databases will include practical tools as well as good practices, evaluation summaries and reports, and links to other useful websites, to build the capacity of UNFPA managers and staff.

C. Reporting

123. The current MYFF reporting frequency and process have proved their efficiency in terms of staff time and costs and effectiveness in informing the Member States and ensuring the accountability of the Fund. In line with the current practice, UNFPA will submit comprehensive reports on the implementation of the 2008-2011 strategic plan to the Executive Board at its annual sessions in 2009 and 2011. The annual reports of the Executive Director to the Board in 2008 and 2010 will summarize overall progress and the main trends. Comprehensive reports on the strategic plan will analyze and synthesize information and data on programme and organizational performance from country offices and regional and headquarters units.

124. UNFPA will further seek improved reporting on results that meets the needs of the stakeholders, particularly programme countries. Baseline and end-line data for carefully selected indicators with realistic targets are critical for better monitoring and reporting. UNFPA will continue using standard international data sources for tracking the goal indicators and selected outcome indicators within the framework of goals and targets established in relevant international conferences and agreements. UNFPA will report on the trends in the strategic plan outcomes, using sets of common indicators to enable substantive analysis and comparison across countries and regions. By monitoring the trends at the outcome level, UNFPA will be able to initiate necessary action in cooperation with the partners, if the outcome trends are stagnant or getting worse. UNFPA will also report on the effectiveness and relevance of its capacity-development strategies through partner surveys to be conducted in 2008, for the baseline, and in 2011 for the strategic plan end-line data. The Atlas will enable reporting on programme investments by a combination of strategic plan focus areas and capacity-development strategies including through a reference set of outputs and indicators.

125. The strategic plan management results constitute the accountability framework for organizational performance at all levels and for the results-based biennial budget. UNFPA will report on the progress in achieving the management results in the strategic plan and will examine the utility of using the balanced scorecard to

track progress in achieving global, regional and country programme outputs for which the Fund is accountable.

IX. Implementing and managing the strategic plan

126. The strategic plan provides the overall frame of reference for all UNPFA programmes and it is through the programmes at country level supported by regional and global programmes that the strategic plan is implemented.

A. Country level

127. During the first year of implementation of the strategic plan all country programmes that have been approved before the strategic plan is approved, will be realigned to the agreed goals and outcomes. UNFPA will update existing tools and guidelines for country offices to facilitate translation of the strategic plan at the country level. No major impact is envisaged on country programmes since the focus areas captured through the development results framework of the strategic plan have not changed fundamentally from the current MYFF. National outcomes that UNFPA is supporting through the UNDAF will be unaffected but linked to the appropriate outcomes from the development results framework of the strategic plan. Country programmes are not expected to link to all outcomes but to selected outcomes that are integral to the country programme in support of the UNDAF. However, all country programmes presently link to the three goals of the strategic plan and will be expected to maintain this link. Atlas will have to be updated to respond to the new results frameworks of the strategic plan and staff will have to be oriented on how to use it. As mentioned above, by mid-2008 UNFPA plans to have all previously approved country programmes aligned to the strategic plan. It will be possible to make a full assessment of how resources are being applied to the various outcomes for the organization as a whole across country, regional and global programmes in support of this strategic plan.

B. Global and regional level

128. For the first time, UNFPA is developing regional programmes for each region with specific outputs, all of which are aimed at facilitating new support systems for countries. The regional programmes will include the following: (a) they will support national capacity that incorporates ICPD and MDG priorities and targets in national development frameworks. Such frameworks are critical for implementing the ICPD agenda and achieving the MDGs and will draw upon regional support for national capacity-development activities; (b) the programmes will aim at mobilizing the potential of the United Nations reform, including resources available through the RDTs, UNCTs, and the common pool of United Nations expertise and knowledge available globally, regionally and locally, for effective support to national capacity development; (c) they will support national capacity development through South-South cooperation, which UNFPA considers an effective modality for building sustainable national capacities. UNFPA will intensify its efforts to use regional and inter-regional resources towards utilizing South-South knowledge, lessons learned and experiences; and (d) UNFPA will work to mobilize global and regional technical

resources and institutional networks, and will provide integrated programme and technical support from the regional level to the countries responding to country demands. The global programme aims to support positioning ICPD in all global frameworks through strong advocacy; harnessing cutting edge knowledge; and developing institutions and networks of expertise to support ICPD, particularly on new emerging issues. The global programme will also strengthen and facilitate North-South knowledge transfer and capacity support.

C. Organizational structure

129. The strategic plan requires reconfiguration of the organization's approach to supporting countries in a significant way and it will require adjustments to the organizational structure if the country programmes are to benefit fully from the regional and global programme. The Executive Board has already responded to this challenge by taking a decision at the Annual session in June 2007 to adjust the organizational structure accordingly. To be a stronger field-focused organization it is essential that UNFPA strengthens field offices and directs more resources to countries, and at the same time provides external programmatic, strategic and technical support as per country needs from within the context of the region. This is in line with General Assembly resolution 59/250 on the TCPR that provides a comprehensive framework for the United Nations system to address the issue of effectiveness. Addressing the issues of transaction costs, efficiency and regional dimensions, the resolution clearly requests the organizations of the United Nations development system to, among other things, align their regional technical support structures and regional bureaus, including their regional coverage.

130. It is essential for UNFPA to reconfigure its organizational structure so as to maximize its full potential to support the implementation of the strategic plan at each level of the organization. This restructuring is driven by the primary consideration that UNFPA must strengthen country offices and increase the amount of funds directed to county programmes. This will mean higher country programme ceilings especially for category A countries as defined in the resource allocation system and some additional country office staff to support a stronger emphasis on quality contributions to national authorities and United Nations country teams. A second consideration is to move the Geographical Divisions from headquarters into the regions to align with the presence of other United Nations organizations to integrate programmatic and technical support to countries and to harmonize technical support and develop stronger South-South capacity. This will provide a much more significant body of technical support available to countries in the areas of the ICPD agenda. Such an infrastructure will be drawn on by countries to support capacity development for all phases of policy development and implementation. UNFPA must be in a position to support the United Nations RDTs more effectively to provide greater coherence in support to countries and regional institutions that are playing an increasing role in developing regional standards and plans to address ICPD issues. UNFPA will maintain core technical capacity at the global and regional level to develop and manage regional networks to serve to country needs.

131. In order to achieve the strategic plan goals and outcomes, UNFPA has to perform some key high-level functions as articulated above in the section on strategic directions. These functions include national capacity development; efficient and effective support to requests from UNFPA country offices and UNCTs

strategic positioning of ICPD at the global, regional and country levels; multisectoral partnership development to strengthen positioning of the ICPD agenda; United Nations system collaboration; knowledge management; and results-based management. Moving from these key high-level functions, UNFPA has assessed the strengths and weaknesses of its current organizational structure at all levels — global, regional and country — and formulated and analysed alternative organizational structure scenarios based on specific criteria. The outcome of this process is presented in a separate document on the Review of the Organizational Structure (see DP/FPA/2007/16) and will help guide the identification of the most suitable organizational scenario for UNFPA to achieve its goals and outcomes, as per approval by the Executive Board.

X. Elements for a decision

132. **The Executive Board may wish to:**

(a) ***Take note*** **of the report on the UNFPA strategic plan 2008-2011: Accelerating Progress and National Ownership of the ICPD Programme of Action (DP/FPA/2007/17) and *welcome* the strategic plan as a key tool for directing the work of UNFPA in supporting countries in implementing the ICPD Programme of Action, the Key Actions for ICPD+ 5 and in advancing the Millennium Development Goals;**

(b) ***Endorse*** **the strategic plan. 2008-2011, as contained in the report (DP/FPA/2007/17), and the focus on the three results areas of population and development, reproductive health and rights, and gender equality towards achieving the ICPD goals and contributing to the Millennium Development Goals;**

(c) ***Affirm*** **that the strategic plan, 2008-2011, is to serve as the Fund's main policy document for organizational programming, management and accountability for the period 2008-2011;**

(d) ***Welcome*** **the strengthened support to national development and underscore the importance of further enhancing this through an emphasis on capacity development and national ownership;**

(e) ***Recognize*** **the increased focus of UNFPA on results-based management and accountability and *encourage* the Fund to continue to strengthen this in the strategic plan, 2008-2011, and to collaborate with other United Nations funds and programmes to harmonize approaches to results-based management;**

(f) ***Approve*** **the integrated financial resources framework for 2008-2011 as contained in the present report (DP/FPA/2007/17) and encourage all countries to assist UNFPA to reach the total figure for regular and other resources for the period 2008-2011, including through multi-year pledges;**

(g) ***Stress*** **the importance of regular resources for the effective implementation of the strategic plan and encourage countries to increase their contributions to the regular resources of UNFPA;**

(h) *Appreciate* **the transparent and participatory consultative process undertaken by UNFPA for developing the new strategic plan and for ensuring inclusion of the guidance and advice provided by the Executive Board.**

Annex A. Development results framework

FOCUS AREA: POPULATION AND DEVELOPMENT			
Goal	**Goal indicators** [a/]	**Baseline** [c/]	**Year**
Goal 1. Systematic use of population dynamics analyses to guide increased investments in gender equality, youth development, reproductive health and HIV/AIDS for improved quality of life and sustainable development and poverty reduction.	Life expectancy at birth [d/]	66 (female); 63 (male)	2000-2005
	Age dependency ratio	49% (child); 9% (old age)	2005
	Population below $1 purchasing power parity (PPP) per day [e/]	19% (2002) [f/]	2004
	Unemployment rate of young people aged 15–24 years [g/]	14% (World)	2005
	Literacy rate of young people aged 15–24 years [g/, g'/]	81% (female); 89% (male)	2000-2004
Outcomes	**Outcome indicators** [b/]	**Baseline** [c/]	**Year**
1.1 Population dynamics and its interlinkages with gender equality, sexual and reproductive health and HIV/AIDS incorporated in public policies, poverty reduction plans and expenditure frameworks.	Proportion of countries with national development plans and poverty reduction strategies that incorporate population dynamics, reproductive health, HIV/AIDS and gender equality	• *67% of PRSPs incorporated* reproductive health, *(N=27);* • *74% of gender, (N=30)*	2004-2006
	Resources allocated to ICPD activities	• *$20.1 billion (2004)*	2005
1.2 Young people's rights and multisectoral needs incorporated into public policies, poverty reduction plans and expenditure frameworks, capitalizing on the demographic dividend.	Proportion of countries that address young people's multisectoral needs within their poverty reduction strategies	*To be established*	2007
	Proportion of DDR and post-conflict transition programmes that incorporate young people's needs	*To be established*	2007
1.3 Data on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS available, analysed and used at national and sub-national levels to develop and monitor policies and programme implementation.	Proportion of countries that have completed their 2010 round of population and housing censuses	111 countries planned	2005-2010
	Increased data availability on ICPD related issues through household/thematic surveys	*To be established*	2007
	Disaggregated data from national and sub-national databases used for evidence based decision making and national development plan monitoring	*To be established*	2007
1.4 Emerging population issues – especially migration, urbanization, changing age structures (transition to adulthood/ageing) and population and the environment – incorporated in global, regional and national development agendas.	Results of studies on emerging population issues reflected in national development plans and poverty reduction strategies	*To be established*	2007

Annex A. Development Results Framework (continued)

FOCUS AREA: REPRODUCTIVE HEALTH AND RIGHTS			
Goal	**Goal indicators** [a]	**Baseline** [c]	**Year**
Goal 2. Universal access to reproductive health by 2015 and universal access to comprehensive HIV prevention by 2010 for improved quality of life.	Adolescent fertility rate	60 per 1,000	2000-2005
	Unmet need for family planning [a]	20%	2000-2005
	Maternal mortality ratio [a, g]	450 per 100,000 live births	2000
	HIV prevalence [g]	1.1% among adults, total	2005
Outcomes	**Outcome indicators** [b]	**Baseline** [c]	**Year**
2.1 Reproductive rights and sexual and reproductive health (SRH) demand promoted and the essential SRH package, including reproductive health commodities and human resources for health, integrated in public policies of development and humanitarian frameworks with strengthened implementation monitoring.	Proportion of countries with national development plans that allocate resources for an essential sexual and reproductive health package	*To be established*	2007
	Proportion of humanitarian crisis and post-crisis situations where the Minimum Initial Service Package was provided and utilized	*To be established*	2007
	Proportion of SRH and reproductive rights assistance in the overall ODA and humanitarian assistance	*To be established*	2007
	Demand for family planning	62%, (N=59)	2000-2005
2.2 Access and utilization of quality maternal health services increased in order to reduce maternal mortality and morbidity, including the prevention of unsafe abortion and management of its complications.	Proportion of births attended by skilled health personnel [a, g]	57%	2006
	Caesarean sections as a proportion of all births	35% of programme countries below recommended rate, (N=68)	2004-2006
2.3 Access to and utilization of quality voluntary family planning services by individuals and couples increased according to reproductive intention.	Contraceptive prevalence rate-modern methods	53%	2005
	Proportion of service delivery points (SDPs) offering at least 3 modern methods of contraception	* *34%*	2004-2006
	Percentage of service delivery points offering at least 3 reproductive health services [g]	* *50%*	2007
	Proportion of countries with family planning included in protocols for provision of post-partum and post-abortion care	*To be established*	2007
2.4 Demand, access to and utilization of quality HIV and STI prevention services, especially for women, young people, and other vulnerable groups, including populations of humanitarian concern increased.	Percentage of young women and men aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	33% (male), (N=16) 20% (female), (N= 17)	2000-2005
	Condom use at last high risk sex [g, g]	56%, (N=16)	2000-2005
	Percentage of most-at-risk populations reached with HIV prevention programmes	*To be established*	2007
	Percentage of HIV positive pregnant women who received anti retrovirals to reduce the risk of mother-to-child transmission	*11%*	2006
2.5 Access of young people to SRH, HIV and gender-based violence prevention services, and gender-sensitive life skills-based SRH education improved as part of a holistic multisectoral approach to young people's development.	Proportion of countries that offer an essential service package for young people including marginalized and excluded groups	*To be established*	2007
	Proportion of countries with secondary school curricula including gender sensitive, life skills based SRH/HIV prevention	**37 programme countries with ≥ 60% of secondary schools adopted RH curricula*	2007

Annex A. Development Results Framework (continued)

FOCUS AREA: GENDER EQUALITY			
Goal	**Goal indicators** [a/]	**Baseline** [c/]	**Year**
Gender equality advanced and women and adolescent girls empowered to exercise their human rights, particularly their reproductive rights, and live free of discrimination and violence.	Adolescent fertility rate	60 per 1,000	2000-2005
	Ratio of girls to boys in primary and secondary education [d/, e/]	94% (primary) 92% (secondary)	2004
	Proportion of women who have suffered domestic and/or sexual violence	16 programme countries with baseline data	2000-2005
Outcomes	**Outcome indicators** [b/]	**Baseline** [c/]	**Year**
3.1 Gender equality and the human rights of women and adolescent girls, particularly their reproductive rights, integrated in national policies, development frameworks and laws.	Increased number of laws that incorporate reproductive rights of women and adolescent girls, including in emergency and post emergency contexts	*To be established*	2007
	Number of countries that implement/enforce policies and laws in line with the SC Resolution 1325 in conflict and post conflict	*To be established*	2007
	Reproductive rights are incorporated in CEDAW and related protocols reporting	*To be established*	2007
3.2 Gender equality, reproductive rights and the empowerment of women and adolescent girls promoted through an enabling sociocultural environment that is conducive to male participation and the elimination of harmful practices.	Female genital mutilation/cutting prevalence rate	58%, (N=15)	2000-2005
	Percentage of women who decide alone or jointly with their husbands/partners/others about their own healthcare	64% (married/in union), (N=35) 49% (unmarried), (N=31)	2000-2005
3.3 Human rights protection systems (including national human rights councils, ombudspersons, and conflict-resolution mechanisms) and participatory mechanisms are strengthened to protect reproductive rights of women and adolescent girls, including the right to be free from violence.	Proportion of countries with reproductive rights incorporated in national human rights protection system	*To be established*	2007
	Number of countries with civil society partnerships actively promoting inclusion of reproductive health, gender equality, women and girls' empowerment and reproductive rights in human rights protection system	* *95 programme countries with partnership in place or being developed*	2007
3.4 Responses to gender-based violence, particularly domestic and sexual violence, expanded through improved policies, protection systems, legal enforcement and sexual and reproductive health and HIV-prevention services, including in emergency and post-emergency situations.	National and sub-national mechanisms in place to monitor and reduce gender-based violence	* *91programme countries with a mechanism*	2007
	Proportion of countries that include gender-based violence in pre- and in-service training of health service providers	*To be established*	2007

Note:

[a/] *Baselines for goal indicators refer to the less developed regions*

[b/] *Baselines for outcome indicators refer to UNFPA programme countries/the less developed regions*

[c/] *Data will be collected through 2007 annual report system and from other data sources, and disaggregated by age, sex, region and target group to the extent possible*

[d/] *ICPD indicator*

[e/] *MDG indicator*

[f/] *Developing countries, as defined by the World Bank*

[g/] *ICPD+5 indicator*

* *The baseline data will be refined based on 2007 annual report*

N.B. In annex A "N" refers to the sample size

Annex B. Management Results Framework

RESULTS	INDICATORS	BASELINE*
Output 1. Increased results-based management effectiveness and efficiency.	Percentage of gross BSB versus total income not to exceed the threshold as approved by the Executive Board for a given biennium	16%
	Number of Strategic Plan management results that achieve or close to achieving the annual targets	To be established
Output 2. Ensured results-oriented high-quality UNFPA programme delivery at the country, regional, and global levels	Carry-over of country, regional and global programme resources not to exceed the threshold of 10%	8.7%
	Percentage of reviewed country, regional and global programmes that meet quality assurance standards	To be established
	Number of South-South initiatives providing knowledge, learning and training implemented	To be established.
Output 3. UNFPA maintains motivated and capable staff	Percentage of staff who are satisfied with job and motivated for success, per staff survey	76% are satisfied with their job; 86% are motivated to make UNFPA successful.
	Number of cases filed by UNFPA staff with Ombudsman office	38
Output 4. Effective partnerships that protect and advance the ICPD agenda to be maintained and expanded	Percentage of stakeholders assessing UNFPA as a trusted partner	To be established
	Rating of UNFPA partnership effectiveness in annual internal assessment of partnerships	To be established
Output 5. Ensured leadership role of UNFPA and active participation in the United Nations reform.	Percentage of key UNFPA priorities for United Nations reform successfully operationalized through inter-agency coordination mechanisms (CEB/UNDG/IASC)	To be established
	Average competency rating of UNFPA Representatives as UNCT members	2006 baseline from UNDG based on information from pilot

Annex B. Management Results Framework (continued)

RESULTS	INDICATORS	BASELINE*
Output 6. Improved accountability for achieving results at all levels	Analysis of and reporting on accountability issues in Annual Report of the Executive Director to the Executive Board	UNFPA report on accountability as part of the MYFF reporting
	Decisions/statements of the Executive Board on UNFPA accountability-related issues	2006 EB statements on accountability issues (ref: para 77, page 13 of the Report of the First regular session 2007)
Output 7. Ensured sustainable resources for UNFPA	Percentage of donors (contributing US$1 million or above) who maintained or increased their core contribution in national currency versus previous year	89% (16 out of 18)
	Percentage of annual strategic plan funding target mobilized	106% ($389.3 million mobilized vs. $366 million planned for 2006)
Output 8. Improved stewardship of resources under UNFPA management	Percentage of programme expenditure from core and other resources versus available resources by the end of third quarter against benchmark of 70%	Implementation rate for: Core resources - 58.2% Other resources - 48.1%
	Distribution of resources among global, regional and country programmes to conform with Strategic Plan Integrated Resources Framework as per the revised IRF 2004-07: (Country programmes - 56%; Global regional programmes -11%)	Country programmes - 54.2%, Global and regional programme-10.8%
Output 9. UNFPA will have become a stronger field-focused organization	Percentage of all BSB posts established in the field	77.2%
	Percentage of partner survey respondents considering UNFPA country level presence as adequate for effective and quality programme delivery	To be established

** UNFPA will track and report on the management output indicators against 2007 baselines. The baseline data given in the table above is the latest available for 2006 to provide example of available UNFPA data.*